

Request and Consent for Disclosure of Tax Return and Tax Return Information

Issued under authority of 1941 P A 122, MCL 205.1.

Part 1: Taxpayer Information

Enter the name of the individual or business, address and account number for which the tax information is being requested.

Taxpayer Name (Last Name, First Name)	Social Security Number or FEIN	Telephone Number
Secondary Taxpayer Name (Last Name, First Name)	Social Security Number or FEIN	Telephone Number
Address (Street, City, State, ZIP Code)		

Part 2: Appointee Information

I authorize the State of Michigan, Department of Treasury to furnish tax returns and/or tax return information specified in Part 3 to the appointee listed below.

Appointee Name	E-mail Address	Telephone Number
Address (Street, City, State, ZIP Code)		

Part 3: Tax Matter

The individual listed above is authorized to inspect/receive confidential tax information for the tax matters listed below.

Tax Type (Income, SBT, Sales and Use, Withholding, etc.)	Tax Period(s) Ending (mm/yyyy)
Tax Form Number(s)	

Part 4: Certification

This consent is valid for six (6) months from the date this authorization is signed. To revoke an existing consent or authorization, send a copy of the previously filed consent or authorization to the address where you filed. Write "REVOKED" across the top of the form and sign your name again under the existing signature. If you do not have a copy, write the department and indicate that the previously filed consent or authorization you filed for the above tax matter is revoked.

Taxpayer's Signature	Date
Taxpayer's Signature	Date

Treasury Use Only (to be completed by Disclosure Officer)

1. The attached information is furnished for tax year(s) _____	
2. The taxpayer filed a return for tax year(s) _____ but the return can not be located.	
3. There is no information available under the account number or name given for the tax year(s) _____	
4. The Social Security Number or FEIN provided is being used by another taxpayer. Check your records and resubmit your request.	
5. Other _____	
Disclosure Officer Approval	Date Completed

Send this form to: Michigan Department of Treasury
Office of Policy Communications and Disclosure
430 W. Allegan
Lansing, MI 48922

Please allow 60 days for processing your request.

Phone: (517) 335-0629
Fax: (517) 241-4742
email: Treas_Disclosure@michigan.gov